ACTIVITY REGISTRATION FORM

We are requesting the following information in order to:
Ensure that all participants are as safe as possible.

ACTIVITY DETAILS

ACTIVITY:	**Holmfirth Harriers Summer Fun in ATHLETICS 2018 Age 6 to 12**	Day & Venue	Every Saturday from 14th of April to 21st of July 2018 (15 weeks) at Neiley Playing Fields , New Mill Road, Honley
Session.	**£2.50 per session** **or £30 for all fifteen sessions.**	TIME:	10.30am to 12:00pm on Saturday Mornings

PARTICIPANT DETAILS

NAME:		AGE:		SEX:	MALE	FEMALE
ADDRESS: POSTCODE:						
TEL NO:		DATE OF BIRTH:				
SCHOOL:						
EMAIL ADDRESS:						
NAME OF PARENT/GUARDIAN/CARER:						
EMERGENCY CONTACT NUMBER OF PARENT/GUARDIAN/CARER:						
WHO IS AUTHORISED TO COLLECT YOUR CHILD FROM THE ACTIVITY SESSION: THE SESSION FINISHES AT 12 midday…….. AT THAT TIME YOU ARE RESPONSIBLE FOR THE CHILD'S WELFARE						
ARE THERE ANY MEDICAL CONDITIONS THAT THE COACH SHOULD BE AWARE OF:						

ETHNICITY (PLEASE CIRCLE)

WHITE	INDIAN	PAKISTANI	BANGLADESHI
CHINESE	IRISH	BLACK (OTHER)	BLACK CARIBBEAN
BLACK AFRICAN		ANY OTHER (PLEASE STATE)	

DISABILITY

DO YOU CONSIDER THE PARTICIPANT TO HAVE A DISABILITY (PLEASE CIRCLE)	YES	NO
IF YES, PLEASE STATE THE NATURE OF THE DISABILITY (PLEASE CIRCLE)		
LEARNING DISABILITY:	PHYSICAL DISABILITY:	
HEARING IMPAIRMENT:	VISUAL IMPAIRMANT:	
OTHER PLEASE SPECIFY:		

SIGNATURE OF PARENT/GUARDIAN……

DO YOU WISH TO RECEIVE DETAILS OF ACTIVITIES IN THE FUTURE (PLEASE CIRCLE) **YES** **NO**

DO WE HAVE PERMISSION TO INCLUDE THE PARTICIPANT IN PHOTOGRAPHS OF THE ACTIVITY SESSION **YES** **NO**

PLEASE ENSURE THE PARTICIPANT IS WEARING SUITABLE CLOTHING.

PLEASE BRING THE FORMS WITH YOU. CHEQUES PAYABLE TO HOLMFIRTH HARRIERS AC.

Contact ; **John McFadzean on 07800507824 or email hellojohn@tiscali.co.uk**